



Department Of Motor Vehicle Safety
Regulatory Compliance Section
2206 East View Parkway, P.O. Box 80447
Conyers, Georgia 30013
Telephone: 678-413-8575 Fax: 678-413-8735
www.dmv.ga.gov

APPLICATION FOR MOTOR CARRIER OF PASSENGER PERMIT

To Transport More Than 10 Passengers In Intrastate Charter Transportation

Charter service is defined as transportation of a group of persons who pursuant to a common purpose, under a single contract, at a fixed charge for the vehicle, have acquired the exclusive use of the vehicle to travel together under an itinerary either specified in advance or modified after having left the place of origin.

Companies charging passengers on a per-capita basis, such as \$20.00 per passenger, and transporting more than ten passengers will need to complete an application for a Class B Passenger Certificate.

1. Applicant for new permit must be accompanied by a **\$50.00 Cashier's Check, Certified Check, Money Order**, payable to Department of Motor Vehicle Safety (DMVS).
2. Complete, sign and have application notarized. All sections of the application must be completed or it will be returned.
3. If a corporation, attach a copy of the Articles of Incorporation and copy of the Certificate from Secretary of State's office.
4. Attach a copy of the Annual Inspection Report for each vehicle. A copy of the annual inspection form will be required each year or as requested.
5. Have your insurance company send (either by mail or fax) a Form "E" liability filing. In order to expedite your application, the insurance filing needs to be submitted as soon as possible.
6. Complete the attached Statement Certifying Identification of Vehicles form.
7. Submit all original documents and fees to: **DMVS, Regulatory Compliance, P.O. Box 80447, Conyers, Georgia 30013**
8. **If you are operating wholly within the state of Georgia (not crossing state lines)** with vehicles in excess of 10,000 GVWR or operating a vehicle designed to transport more than 15 passengers including driver you **must complete** the Application for Motor Carrier Identification Number for a U.S. Dot Number. Call (404) 675-6171 for more information or visit the Enforcement page at www.dmv.ga.gov.
9. In addition, intrastate carriers will need to purchase an identification stamp for each vehicle from: DMVS, 1200 Tradeport Blvd., Hapeville, Georgia 30354 / 404-362-6484. Interstate carriers will register through the Single State Registration Plan.

If you require more information or need assistance in the completion of these forms, please contact DMVS, Regulatory Compliance Section at (678)-413-8746.

**APPLICATION FOR
MOTOR CARRIER OF PASSENGER PERMIT**

**TO: Department of Motor Vehicle Safety
Regulatory Compliance Section
2206 East View Pkwy., P.O. Box 80447
Conyers, Georgia 30013**

DATE: _____

APPLICANT:

Name: _____

D/B/A: _____
(DOING/BUSINESS/AS)

PRINCIPAL PLACE OF BUSINESS ADDRESS:

Street _____

City _____ State _____ Zip _____

MAILING ADDRESS: (IF DIFFERENT FROM BUSINESS ADDRESS ABOVE)

Street _____

City _____ State _____ Zip _____

Phone Number (____) _____ FAX Number (____) _____

e-mail Address: _____ Cell Phone Number(____) _____

TYPE OF MOTOR CARRIER: (Check one)

() Individual

() Partnership

() Corporation

IF CORPORATION, ATTACH A COPY OF CERTIFICATION from Secretary of State or in State where incorporated which shows approval of corporate name and give state in which incorporated:

List name of partners or officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

PROCESS AGENT:

If your company is based in a state other than Georgia please list below your process agent for the state of Georgia.

Name _____ Street _____

City _____ State _____ Zip _____

Telephone # (____) _____ e-mail Address: _____

INTERSTATE AUTHORITY:

Do you hold authority from the Federal Highway Administration? () Yes () No

If the answer is **Yes**, please give your MC Number. MC _____

Does your company have a U.S. Dot Number? () Yes () No

If **Yes**, please give your U.S. Dot Number. U.S. DOT No. _____

SAFETY AWARENESS:

Is your company familiar with the DMVS's safety and/or hazardous materials regulations and are you prepared to conduct your operation in accordance with these regulations? () **Yes** () **No**

Will your company maintain its vehicles used in transportation for compensation under its motor carrier of passenger permit in a safe operating condition and in compliance with the DMVS's safety and hazardous materials rules and regulations? () **Yes** () **No**

Please provide physical address of office or terminal where documents supporting your safety program can be inspected. _____

Please give a general overview of the types of buses you intend to operate below; i.e., **vans, mini buses, motorcoaches, etc.** *(This is not the proper application for sport utility vehicles designed to transport 14 or less passengers or luxury limousines)*

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (State penalties as prescribed by law.)

Signature

Title

Subscribed and sworn to before me,

This ____ day of _____,

20____.

(____) _____
Telephone # of Person Signing Application

(Notary Public)

My Commission Expires: _____

For: _____

Carrier Name

RC0009 v1.0